Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday 10th August 2016 in the Boardroom at Hillder House

MEMBERS:

Mr T Bisset	Community Pharmacist (LPC)
Dr R Hirst	Palliative Care Consultant (Barnsley Hospice)
Ms S Hudson	Lead Pharmacist (SWYPFT)
Ms C Lawson(Chair)	Head of Medicines Optimisation (Barnsley CCG)
Dr A Munzar	General Practitioner (LMC)
Ms N Pounj-Taylor	Deputy Chief Pharmacist (BHNFT)

ATTENDEES:

Mr K Ashfaq	Medicines Management Pharmacist (Barnsley CCG)
Ms N Brazier	Administration Officer (Barnsley CCG)
Ms L Clarke	Pharmacy Student
Mr F Hussain	Senior Interface Pharmacist (BHNFT)
Ms G Turrell	Lead Pharmacist, Medicines Information (BHNFT)

APOLOGIES:

Ms C Applebee	Medicines Management Pharmacist (Barnsley CCG)
Ms D Bailey	Interim Head of Quality for Primary Care (Barnsley CCG)
Dr M Ghani	Medical Director (Barnsley CCG)
Dr K Kapur	Consultant Gastroenterology (BHNFT)
Dr J Maters	General Practitioner (LMC)
Dr K Sands	Associate Medical Director (SWYPFT)
Mr M Smith	Chief Pharmacist (BHNFT)

ACTION

APC 16/140 QUORACY

The Chair declared that the meeting was quorate.

APC 16/141 DECLARATIONS OF INTEREST

There were no declarations of interest to note.

APC 16/142 MINUTES OF THE PREVIOUS MEETING

The Lead Pharmacist, BHNFT noted an error on page 6 and confirmed that the NICE TA392 Adalimumab for treating moderate to severe hidradenitis suppurativa was not applicable for use at BHNFT.

Subject to this amendment, the minutes of the meeting held on 13th July 2016 were agreed as an accurate record. **NB**

APC 16/143 MATTERS ARISING AND APC ACTION PLAN

143.1 NICE TA's (June 2016)

The Lead Pharmacist, BHNFT fed back on the applicable use of NICE TA's at BHNFT: -

- NICE TA395 Ceritinib for previously treated anaplastic lymphoma kinase positive nonsmall-cell lung cancer – **is not applicable for use at BHNFT**

- NICE TA396 Trametinib in combination with dabrafenib for treating unresectable or metastatic melanoma - **awaiting feedback from the dermatologists** **GT**

- TA397 Belimumab for treating active autoantibody-positive systemic lupus erythematosus - **is applicable for use at BHNFT**

143.2 Management of Bleeding Guidance

The Lead Pharmacist, BHNFT confirmed that she had met with the anesthetists who were happy for hemodialysis to remain on the algorithm noting that patients who require dialysis would be reviewed on a case by case basis. The anesthetists had sought clarification regarding how to identify moderate to severe bleeding and life-threatening bleeding, and minor changes have been made to the wording to provide clarity. The Lead Pharmacist, BHNFT confirmed that the guidance has been seen by the Trusts hematologists and anesthetists.

The algorithm was accepted by the Committee.

With regards to a query received at the last APC meeting around obtaining admission data for patients presenting with major bleeding incidents versus warfarin, the Lead Pharmacist, BHNFT fed back that she was trying to obtain this information from ED. The Head of Medicines Optimisation, Barnsley CCG had also tried to obtain data but felt that the detail could only be obtained by reviewing patient's notes in practice and noted that it would be difficult to extract this information from the yellow card reports.

It was felt that this data could be difficult to identify depending on admission codes used but it was agreed that the Committee would await information from the hospital. This action would remain on the action log. **GT**

Action Plan – Other Areas

143.3 Salofalk

The Lead Pharmacist, BHNFT noted that work on the treatment algorithm with Dr Bullas was ongoing and this would be brought back to the September 2016 meeting. **GT**

143.4 Discharge Letter Audit

The "action by" column would be updated. **NB**

143.5 Fitness for Purpose

It was highlighted that this area of work had been taken off the action plan but needed to be included within the long term actions table. **NB**

APC 16/144 CONTINENCE AND UROLOGY SERVICE AUDIT ON COMPLIANCE TO PRESCRIBING GUIDELINES

The Lead Pharmacist, SWYPFT presented Enclosure D but as no background information had been provided to accompany the data, it was agreed that she would go back to the service to obtain clearer details about the criteria used to collate the information. The Committee had asked at the June 2016 meeting that a minimum of 50 **SH**

patient letters be audited and the letters (anonymised) should be submitted with the audit for the Committee to verify.

APC 16/145 MEDICINE SAFETY UPDATE – MEDICINES IN OVERDOSE DOSULEPIN AND TRAMADOL

The Lead Pharmacist, SWYPFT shared Enclosure E which had been previously distributed in October 2015. Dr Chari, Associate Medical Director, SWYPFT had asked that this be re-circulated as a result of an SUI within the organisation. Following the investigation into the SUI, it was felt necessary to highlight the risks associated with any medicines when taken in amounts greater than that prescribed or intended, whether ingested intentionally or accidently. Recent incident reports and the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness have highlighted two commonly used medicines, dosulepin and tramadol, as being associated with a particularly high risk.

It was noted by the APC that dosulepin was no longer prescribed for new patients but is still prescribed in primary care for historic patients.

The Consultant in Palliative Care, Barnsley Hospice raised associated issue of anticholinergic load (from additive effect of several medicines together) not being recognised.

The Committee received and noted the medication safety update and it was agreed that this would be included in the Medicines Management Newsletter. **CL**

APC 16/146 SMOKING CESSATION GUIDELINES

The Lead Pharmacist, SWYPFT brought the guidelines to the Committee with very little changes having been made as she sought the Committee's view regarding the trial data from Eagles study: it was noted from this particular study that there was no difference in increased risk of depression or suicidal idealisation with different treatments to support stopping smoking.

Currently within the PGD, it states that Varenicline should be excluded for persons with psychiatric illness and the APC were asked to decide if this should remain or be removed.

As it was unclear that the correct trial data information had been read by the Head of Medicines Optimisation, she would share it with the Lead Pharmacist, SWYPFT. It was felt that the Committee were unable to make any decision about the suggested changes until they all had sight of the trial data to inform the decision making process.

The Community Pharmacist raised his concerns about not having access to patient history should any change be made as at present, the PGD allows pharmacists to refer patients back to the GP if they suspect any issue. It was felt that the numbers would be low.

It was agreed that the Lead Pharmacist would communicate the APC's view that at the moment, no changes should be made unless definitive information could be supplied about how it will improve the service. **SH**

APC 16/147 DUAL THERAPY WITH ANTI-COAGULANT AND ANTI-PLATELET

The Head of Medicines Management brought this item to the Committee following reports of a couple of incidents.

It was noted that there are instances where patients need to be maintained on both anti-coagulant and anti-platelet therapy and she had been asked by primary care to define and provide some guidance around when and who can be maintained.

The Lead Pharmacist, BHNFT noted that no national guidance was available but she could provide some guidance which would include examples of instances but stressed that patients should be assessed on a case by case basis and that it needed to be documented if a patient was on dual therapy, stating why and how long for.

The Head of Medicines Optimisation, Barnsley CCG referred to the Guidelines on oral anticoagulation with warfarin – fourth edition from the British Journal of Haematology which could be used when developing the guidance.

The Lead Pharmacist, BHNFT was specifically trying to develop guidance around NOACs due to the higher bleed risk but would include information with vitamin K antagonist but would highlight that the risk is greater and list the risk factors and bleeding risks.

The Lead Pharmacist, BHNFT would discuss the guidance with the cardiologists and stroke physicians as they potentially use combination therapy. **GT**

It was agreed that the Medicines Management Pharmacist (CA), Barnsley CCG would draft some guidance and liaise with and the Lead Pharmacist, BHNFT to finalise them. **CA/GT**

APC 16/148 PHYSEPTONE

The Community Pharmacist raised his concern that the Substance Misuse Team are switching from Methadone SF to Physeptone SF from September 2016.

It appeared that there had been no formal notification of this switch but this was being sought from BMBC.

The Community Pharmacist felt that as BMBC form part of the APC membership then they should be required to meet the same standards when it comes to branded prescribing around declarations of interest and risk registers.

Following discussion around the potential stock issues, branded name being specified and declarations of interest, the Head of Medicines Optimisation agreed to contact the Substance Misuse Team from a CCG perspective with the concerns raised and feedback that they had opportunity to raise this with the APC. **CL**

The Community Pharmacist agreed to share any relevant email correspondence with the Head of Medicines Optimisation. **TB**

The Lead Pharmacist, SWYPFT would ensure that this was put on hold until further communication was received. **SH**

The Lead Pharmacist, SWYPFT informed the Committee that the 0-19 services were moving back into BMBC management from 1 October 2016 resulting in them managing two services that use medicines that come via the APC.

APC 16/149 INFORMATION SUMMARY ON TICAGRELOR (BRILIQUE®▼)

The Head of Medicines Optimisation, Barnsley CCG presented Enclosure G, which was produced in February 2012, and asked the Committee if the guidance information was still required.

The Medicines Management Pharmacist (CA), Barnsley CCG had advised prior to the meeting that the information would need to be significantly updated should it still be required and subsequently reviewed.

The Committee felt that the guidance was still required and the Lead Pharmacist, BHNFT didn't feel that significant changes would need to be made. The Lead Pharmacist, BHNFT agreed to update the information summary and bring it back to the Committee. **GT**

APC 16/150 GUIDELINES FOR THE TREATMENT OF ANXIETY IN PRIMARY CARE

The Head of Medicines Optimisation presented Enclosure H which had been prepared, with tracked changes, by the Medicines Management Pharmacist (CA), Barnsley CCG.

The tracked changes were accepted and the Committee approved the guidance.

APC 16/151 SHARED CARE GUIDANCE

151.1 <u>Denosumab</u>

The Head of Medicines Optimisation, Barnsley CCG presented Enclosure I which had been prepared, with tracked changes, by the Medicines Management Pharmacist (CA), Barnsley CCG and it was confirmed that the draft updated Shared Care Guidance had been approved by Dr Jha.

The Head of Medicines Optimisation, Barnsley CCG had suggested an amendment to the monitoring of calcium levels on page 3 under the 6 month and 12 month onwards GP surgery. The third bullet point should be changed to …"monitoring of calcium levels prior to each injection..." as per the national guidance.

Subject to these amendments, the Committee endorsed the guidance. **CA**

151.2 <u>Anticonvulsants as mood stabilisers</u>

The Lead Pharmacist, SWYPFT presented Enclosure J which had been updated following a small number of APC reports logged around the prescribing of Lamotrogine as a mood stabilser.

It was confirmed that Lamotrogine is licensed for use as a mood

stabiliser and is now included in the shared care guidance.

It was agreed that information on Lamatrogine would be included on page 2, in the cautions and contraindications and adverse drug reactions and the final version would be circulated to the Committee by email for comment and approval. **SH ALL**

151.3 Use of folic acid for patients taking weekly methotrexate

The Head of Medicines Optimisation, Barnsley CCG informed the Committee of a query received from a GP around the number of day's folic acid should be given for patients who are prescribed weekly methotrexate, following a request from Rheumatology to provide it one day a week. The specialist was contacted for clarification and they said recent evidence states one day a week, unless the patient has methotrexate side effects this can be increased to 6 days a week.

The Head of Medicines Optimisation, Barnsley CCG therefore confirmed that the DMARD Shared Care Guideline had been updated in line with the Rheumatologist and specialist guidance and following confirmation that this would also apply to the Dermatology and GI Shared Care Guidelines from the Lead Pharmacist, BHNFT, these have also been updated to include the following sentence: -

"…Folic acid, 5mg tablets should be taken between 1 and 6 days a week according to the patient and their experience of side effects. Folic acid should not be taken on the same day as methotrexate…"

The Committee were notified of this for information.

This information would be included in the Medicines Management Newsletter. **CL**

APC 16/152 AMBER G GUIDANCE INFORMATION SHEETS

152.1 Acamprosate and Disulfiram

The Head of Medicines Optimisation presented the updated Amber G Shared Care Guidelines with updates only to the references and telephone numbers.

The Committee endorsed the Amber G guidance information sheets for Acamprosate and Disulfiram.

APC 16/153 BLOOD GLUCOSE TESTING (BGTS) FORMULARY REVIEW

The Medicines Management Pharmacist (KA), Barnsley CCG presented the 'Review of the blood glucose testing (BGTS) and insulin pen needle formulary sections' of the Diabetes Guideline, which has been endorsed by the Diabetes Committee and presented to the APC for information.

The formulary section was due for review and therefore undertaken and presented to the Diabetes Committee and alterations and improvements made accordingly.

Enclosure M informed the APC of the formulary recommendations for meters to remain, to be added and to be removed from the formulary. Any new patients would be started on the Accu-check Performa and

patients currently on GlucoRx Nexus would remain on GlucoRx Nexus should the clinician feel it appropriate.

A future decision would be made by clinicians regarding patients on the existing Accu-check products and they would be reviewed on a case by case basis whether to change them over to Accu-check Performa. The intention was to change patients where possible. It was noted that this product has been included on the formulary due to the advantages identified.

The Lead Pharmacist, BHNFT noted that wherever possible, where patients are admitted to hospital on insulin pens, BHNFT would supply needles to self-administer but where administered by a health care professional they have a legal requirement to use safety needles in the hospital setting and she wanted to ensure that this had been taken into account.

It was clarified that the BGTS has taken advice and consulted with nurses but the decisions have been taken by reviewing all the criteria across all of the meters currently on the market before approaching the nurses for consultation.

The Community Pharmacist raised his concerns around the insufficient time nurses would have to change patients during the normal consultation review. It was noted that any such instances identified would be fed back to the company who would provide support and training to use the device.

The recommendations for pen needles being added and removed from the formulary were noted and patients currently on B Braun Omnican would remain on it but no new patients would be started on it.

There were no objections from the APC to the decision of the BGTS review.

APC 16/154 FORMULARY REVIEW

154.1 Immunological products and vaccines

The Lead Pharmacist, BHNFT presented the formulary review and it was noted that lots of detail needed to be added within each change presented at Enclosure N.

The Lead Pharmacist, BHNFT would include the following: -

- Links in the vaccination schedule for BNF and relevant chapters of the Green Book for various vaccines.
- Information on travel vaccinations – the Medicines Management Pharmacist, Barnsley CCG to advise specific websites used by Primary Care to link this with the information **CA**
- In term of flu vaccines etc – brands used in certain age groups would be specified to avoid confusion and also egg free flu vaccines would be specified with links to guidance for the Green Book
- Tetanus to be added to TLL (red) and information on rabies management

It was confirmed that when these amendments have been completed, they will be sent to the Medicines Management Pharmacist, Barnsley CCG for verification. **GT/CA**

APC 16/155 NEW PRODUCT APPLICATION LOG

There were currently 2 new product applications on the log awaiting consideration by the Committee. It was expected that Briviact (britaracetam) would be considered at the September 2016 meeting.

APC 16/156 BARNSLEYAPCREPORT@NHS.NET FEEDBACK

The report was received and noted by the Committee.

APC 16/157 NEW NICE TECHNOLOGY APPRAISALS – JULY 2016

It was noted that TA398 - Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation was not recommended by NICE.

157.1 Feedback from BHNFT Clinical Guidelines and Policy Group

The Lead Pharmacist, BHNFT fed back on the applicable use of NICE TA's at BHNFT: -

- TA399 - Azacitidine for treating acute myeloid leukaemia with more than 30% bone marrow blasts - **is not applicable for use at BHNFT**
- TA400 - Nivolumab in combination with ipilimumab for treating advanced melanoma - **awaiting feedback from the dermatologists** **GT**

The Lead Pharmacist, BHNFT would provide feedback at the next meeting for the following NICE TAs: -

- TA259 updated (from June 2012) - Abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen **GT**
- TA387 updated - Abiraterone for treating metastatic hormone-relapsed prostate cancer before chemotherapy is indicated **GT**

157.2 Feedback from SWYPFT NICE Group

The Lead Pharmacist, SWYPFT confirmed that NICE TAs 259, 387, 399 and 400 were not applicable for use at SWYPFT.

APC 16/158 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

158.1 Primary Care Quality & Cost Effective Prescribing Group

The Head of Medicines Optimisation, Barnsley CCG noted that there was nothing to report from the last meeting other than to confirm that these meetings would continue to take place.

158.2 BHNFT

The Lead Pharmacist, BHNFT noted that D1 issues were discussed.

158.3 SWYPFT Drugs & Therapeutics Committee (D&TC)

The Lead Pharmacist, SWYPFT noted that there was nothing to report from the last meeting relevant to the APC.

APC 16/159 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE

It was agreed to escalate the following issues to the Quality & Patient Safety Committee: - **CL**

- Physephtone
- Medicine Safety Update – Medicines in Overdose (Dosulepin and Tramadol)

APC 16/160 HORIZON SCANNING DOCUMENT – JULY 2016

The Committee agreed to classify the new products as follows: - **CA**

Ixekizumab 80 mg solution for injection in pre-filled syringe and pen (Taltz®▼, Eli Lilly and Company) – **PROVISIONAL RED**
Emtricitabine/ rilpivirine/tenofovir alafenamide 200 mg/ 25 mg/ 25 mg film-coated tablets (Odefsey®▼, Gilead Sciences) – **PROVISIONAL RED**
Colecalciferol (generic) 4000 IU tablets (Desunin®, Meda Pharmaceuticals) – **PROVISIONAL GREY**
Ergocalciferol (generic) 50 000 IU capsules (Ergocalciferol, Colonis Pharma) – **PROVISIONAL GREY**
Nonacog gamma 250 IU, 500 IU, 1000 IU, 2000 IU, 3000 IU powder and solvent for solution for injection (Rixubis®▼, Baxalta) – **PROVISIONAL RED**
Daratumumab 20 mg/mL concentrate for solution for infusion (Darzalex®▼, Janssen-Cilag) – **PROVISIONAL RED**
Autologous CD34+ enriched cell fraction transduced with retroviral vector that encodes for human ADA cDNA sequence 1-10 million cells/ml dispersion for infusion (Strimvelis®▼, GlaxoSmithKline) – **PROVISIONAL RED**
Ursodeoxycholic acid 250 mg hard capsules (Ursodeoxycholic acid, Amdipharm Mercury Company) – **ALREADY ON TLL**
Tropicamide/lidocaine/ phenylephrine 0.2 mg/mL + 3.1 mg/mL + 10 mg/mL solution for intracameral injection (Mydrane®, Thea Pharmaceuticals) – **PROVISIONAL RED**
Ciprofloxacin (generic) 250 mg, 500 mg and 750 mg film-coated tablets (Ciprofloxacin, Aurobindo Pharma – Milpharm) – **ALREADY ON TLL**
Olmesartan (generic) 10 mg, 20 mg and 40 mg film-coated tablets (Olmesartan, Aurobindo Pharma – Milpharm) – **ALREADY ON TLL (GREY)**
Bosentan (generic) 62.5 mg and 125 mg film-coated tablets (Bosentan, Aurobindo Pharma – Milpharm) **- ALREADY ON TLL (RED)**

APC 16/161 MHRA DRUG SAFETY UPDATE – JULY 2016

The Committee received and noted the May 2016 MHRA Drug Safety Update which included advice for medicines users in relation to secondary care specialist drugs. The alert is summarised below: -

1. Warfarin: reports of calciphylaxis
   Calciphylaxis is a very rare but serious condition causing vascular calcification and skin necrosis.
2. Citalopram: suspected drug interaction with cocaine; prescribers should consider enquiring about illicit drug use

Possible illicit drug use should be considered when prescribing medicines that have the potential to interact adversely.

3. N-acetylcysteine: risk of false-low biochemistry test results due to interference with Siemens assays
   N-acetylcysteine may interfere with assays from Siemens ADVIA Chemistry and Dimension/Dimension Vista instruments, leading to false-low biochemistry test results.

   The Lead Pharmacist, BHNFT confirmed that alerts are appearing on ICE and the Head of Medicines Optimisation, Barnsley CCG noted that scriptswitch prompts are in place in primary care.

APC 16/162 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (30th June 2016) Area Prescribing Committee meeting were received and noted.

APC 16/163 ANY OTHER BUSINESS

163.1 Barnsley Hospice Palliative Care Formulary

The Palliative Care Consultant, Barnsley Hospice informed the Committee that Barnsley Hospice were currently reviewing the Palliative Care Formulary.

163.2 New Product Application

The Palliative Care Consultant, Barnsley Hospice would be submitting a new product application for a new oral gel, Oralive.

163.3 BHNFT Formulary

It had been highlighted to the Lead Pharmacist, SWYPFT that colleagues were finding it difficult to find an up to date Traffic Light List on the BHNFT Formulary and also noted that the some of the Shared Care Guideline links were not working. The Lead Pharmacist, BHNFT fed back that this was a known issue and was being investigated.

The Lead Pharmacist, SWYPFT confirmed that the Trust had approved subscription to the NET Formulary App and would process the necessary paperwork. The Lead Pharmacist, BHNFT was awaiting access information from the software developer before sending further information out to SWYPFT and the CCG. **GT**

163.4 APC Report

Dr Munzar referred to an issue in which a patient had been given a leaflet by Opthalmogist (iVIT vitamins) and it was agreed that details would be provided to the Head of Medicines Management, Barnsley CCG to report via APC reporting and details would be shared with the Lead Pharmacist, BHNFT. **AM** **CL**

163.5 Switch from Symbicord to DuoResp

The Community Pharmacist fed back that there appeared to be some confusion regarding the SMART protocol when switching patients from Symbicort to Duoresp resulting in some patients not being changed.

It was suggested that clarification be provided via the Medicines Management newsletter. **CL**

163.6 Venalink

The Community Pharmacist asked for clarification from BHNFT colleagues regarding patients discharged on a venalink and what supply of mediation is issued by BHNFT. It was confirmed that a new patient on a venalink would be given 2 weeks supply and if any changes made to medication in hospital the patient would be given a 1 week supply. If no change was made is hospital, no medication would be supplied unless required. Patients are not routinely given 2 weeks medication on discharge.

Following a discussion around the social services pathway, BHNFT colleagues were informed of a meeting taking place on 17th August 2016 and were asked to attend if available. In the meantime, the Community Pharmacist agreed to send details of the pathway to the Deputy Chief Pharmacist, BHNFT to raise awareness with relevant staff in BHNFT.

163.7 Covert Administration Guidance within Care Homes

The Medicines Management Pharmacist (KA), Barnsley CCG informed the Committee that he was currently finalising Covert Administration Guidance for use within Care Homes which may be useful to share and it was agreed that this would be shared with the Lead Pharmacist, BHNFT. **KA**

APC 16/164 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 14th September 2016 at 12.30 pm in the Boardroom, Hillder House.